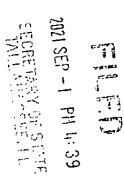
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## **COVER LETTER**

TO:	Registration Secti Division of Corpo			
SUBJF	CT:	Mabella inve	Strents LLC. I Liability Company	
The en	closed Articles of Ar	nendment and fee(s) are submi	tted for filing.	
Please	return all correspond	ence concerning this matter to	the following:	
			Alejandro Rojas.  Name of Person  Matella investments LLC.  Firm/Company	
		5808 Cir	Ca Fishhawk Blud Lith	ia 335417
		E-mail address: (to	City/State and Zip Code  EV 28 D 1 Cloud, Com - be used for future annual report notification)	
For fu	rther information cor	cerning this matter, please call		
	Aleya n	dro Rojas erson	at (813) 720-5025 Area Code Daytime Telephone Number	-
Enclos	sed is a check for the	following amount:		
□ s:	25.00 Filing Fee	✗ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fe Certified Copy (additional copy is enclosed)	tatus &
	Mailing Address: Registration Se Division of Co P.O. Box 6327	ection rporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compan (A Florida Limited L	n ves ments LLC.  y as it now appears on our records.)  ability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	vestments // (
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "LLC" or the abbreviation "LLC."  5808 circa Fishak Blvd  Lithia 335878
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	PH II: 39
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address: 5808	Ale Jandro Rojas.  Scirca Fishhack Blud Lithia 33547  Enter Florida street address
Li	Florida 3354'7  City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action Address Title Name 5808 Circa Fish Hawk Blod Add Alexandro Rojas AMBR. Lithia 33547. \_\_\_ Remove \_\_\_\_\_ □Add □Remove SS O CREMOVE \_\_\_\_ □Add Remove 

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Affective date, if other than the date of filing:  fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than	(optional) a 90 days after filing.) Pursi	uant to 605.026
Note: If the date inserted in this block does not meet the applicable statutory filing requi locument's effective date on the Department of State's records.	rements, this date will r	ot be listed a
••••		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the old is filed.	earlier of: (b) The 90th	ı day after th
Dated 9/1/2/		
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Filing Fee: \$25.00